



Conviction Form

Please Print Information

Applicant's Name: Cynthia D M [REDACTED] Social Security Number: [REDACTED]

Daytime Phone #: [REDACTED] After Hours Phone #: [REDACTED]

Date of Birth: [REDACTED]

Date of Arrest: 10/01/1994

Date of Arrest:

Charge 1: BURGLARY

Charge 2:

Location: NEWNAN GA

Location:

County [REDACTED]

County [REDACTED]

State [REDACTED]

Date of Conviction: 01/01/1995

Date of Conviction:

Charge: BURGLARY - FIRST OFFENDER

Charge:

Sentence: 60 DAYS - FIRST OFFENDER

Sentence:

Time Served: 4 MNTHS- 11 DAYS

Time Served:

Dates on Probation or Parole: 05-25-1999

Dates on Probation or Parole:

* Any other arrests or convictions?: Yes No

Any charges pending now? Yes No

Any other names used maiden, married, etc.

Please describe what happened:

Comments on Charge 1: CHARGED WITH BURGLARY . THEFT. SO LONG AGO, I DONT REMEBER HOW IT WAS WORDED- TIME SERVED IN WORMENS PROBATION DETENTION CENTER- CLAXTON GA. SERVED 4 MONTHS 1 1DAYS ON 60 DAY SENTENCE. WAS ON PROBATION UNTIL MAY 25, 1999. FIRST AND LAST TIME I HAVE EVER BEEN ARRESTED . I WORKED WITH FULOTON CO SHERIFFS RESERVE. THEN WORKED WITH UNDERCOVER NARCOTICS AND THIS HAPPENED TO ME- I HAVE SPENT TEN YEARS TRYING TO BETTER MY LIFE SINCE THEN.

Comments on Charge 2:

Signature of Applicant: _____ Date: ____ / ____ / ____

Recruiter Name: _____ Terminal: _____



YOU ARE HEREBY NOTIFIED THAT THE INFORMATION YOU PROVIDE IN THIS APPLICATION MAY BE USED, AND YOUR PREVIOUS EMPLOYERS WILL BE CONTACTED, FOR THE PURPOSE OF INVESTIGATING YOUR SAFETY PERFORMANCE HISTORY INFORMATION AS REQUIRED BY PARAGRAPHS (d) AND (e) OF § 391.23.*

YOUR RIGHTS REGARDING CERTAIN INVESTIGATIVE INFORMATION

Pursuant to 49 C.F.R. § 391.23(i)(1), all drivers with DOT regulated employment during the preceding three years from the date of this application have the following rights regarding the investigative information that is provided to Swift as required by 49 C.F.R. § 391.23 (d) and (e).

1. The right to review information provided by previous employers;
 2. The right to have errors in the information corrected by the previous employer and for the previous employer to re-send the corrected information to the prospective employer; and
 3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.
- * The Federal Motor Carrier Safety Regulations ("FMCSR's") require Swift to obtain the following information on your application for employment:
1. The name(s) and addressee(s) of your employer(s) during the 10 years preceding the date of the application;
 2. The dates you were employed by that employer(s);
 3. The reason for leaving the employ of your previous employer(s);
 4. Whether you were subject to the FMCSR's while employed by your previous employer(s); and
 5. Whether your job was designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as set forth by 49 C.F.R. part 40.
- Swift is also required by 49 C.F.R. § 391.23 (d) to investigate the following information from your previous employer(s) if you were employed to operate a commercial motor vehicle:
1. General driver identification and employment verification information;
 2. The data elements as specified in 49 C.F.R. § 390.15 (b)(1) for accidents involving you that occurred in a three year period preceding the date of your employment application;
 3. Any accidents defined by 49 C.F.R. § 390.15; and
 4. Any accidents the previous employer may wish to provide that are retained pursuant to 40 C.F.R. § 390.15(b)(2) or pursuant to the employer's internal policy for retaining more detailed minor accident information.
- Additionally, 49 C.F.R. § 391.23(e) provides that Swift must investigate the following information from all previous DOT regulated employers that employed you in a safety sensitive function that required alcohol and control substance testing specified in 49 C.F.R. part 40:
1. Whether within the previous 10 years you have violated the alcohol and control substances prohibitions under 49 C.F.R. § 382
 2. Whether you failed to undertake or complete a rehabilitation program prescribed by a substance abuse professional; and
 3. If you successfully completed a substance abuse professional's rehabilitation referral and remained in the employ of the referring employer, information on whether you had the following tested violations subsequent to the completion of the referral:
 - i. Alcohol tests with a result of 0.04 or higher alcohol concentration;
 - ii. Verified positive drug tests; and
 - iii. Refusals to be tested (including verified adulterated or substituted drug test results).

Swift must provide your previous employer with your written consent to release the information on paragraph (e). If you refuse to provide this written consent, Swift cannot permit you to operate a commercial motor vehicle.

SWIFT TRANSPORTATION CO., INC.

2200 S. 25th AVE. PHOENIX, AZ 85043

EMPLOYMENT APPLICATIONQUALIFIED APPLICANTS ARE CONSIDERED WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL STATUS, VETERAN STATUS OR DISABILITY
EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

Date of Application 08/21/2008

Name M [REDACTED] Cynthia [REDACTED]

Social Security No [REDACTED]

Present Address [REDACTED]

Phone [REDACTED]

Previous Addresses[ed] during last 3 years (FMCSR 391.21 (3))

Date of Birth (Required by FMCSR 391.21 (2) to verify motor vehicle report) [REDACTED]

In case of emergency notify

PATSY C. [REDACTED]

Alternate Emergency Phone #

Name [REDACTED]

Have you applied for work and/or worked for this company before?

Yes No

When?

If Yes, can you present evidence of your U.S. Citizenship or proof of your legal right to live and work in this country? Yes No

Position which applying for:

Are you able to perform the essential functions and duties of the job as contained in the job description with reasonable accommodation? Yes No How did you find out about Swift? Newspapers Brochures & Postcards Publications Internet Swift Transportation Employee Other Outside Driving School**PLEASE READ CAREFULLY**A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No B. Has any license, permit or privilege been suspended or revoked? Yes No C. Have you ever been stopped while intoxicated? Yes No D. Have you ever used any illegal drugs (including marijuana)? Yes No If yes, when was the last time?E. Have you ever been convicted for possession of, sale, or use of a narcotic drug, amphetamine, or a derivative thereof? Yes No F. Have you ever been convicted of a criminal offense? (In California, "criminal offense" excludes any conviction more than 2 years old for a marijuana-related offense. (A conviction will not necessarily disqualify you from employment.) Yes No G. Do you currently have any criminal actions pending in which you are a defendant? (A "yes" answer will not necessarily disqualify you from employment.) Yes No H. Are you currently on probation or parole status? (A "yes" answer will not necessarily disqualify you from employment.) Yes No I. Do you have a tested positive, or failed a test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules in the last three years? Yes No Yes No

If yes, to any of the above questions, state circumstances and dates

EDUCATIONHighest grade completed: 11 High School Graduate Yes No College Graduate Yes No Graduate School Graduate Yes No

List other specialty training or schools

MILITARY STATUSHave you served in the U.S. Armed Forces? Yes No Branch _____ Dates From _____ To _____**REDACTED****STC256175.D0058**

Dues _____

EMPLOYMENT RECORD FOR PAST 10 YEARS

All applicants must list all full and part-time employment including military service, self employment, and periods of unemployment during preceding 10 years.
NOTE: List employers in reverse order starting with the most recent. Use an additional sheet if necessary.

From 09-04 To PRESENT
 Phone # 770 471 3285
 Supervisor _____
 Type of Equip. Driven _____

CURRENT OR MOST RECENT EMPLOYER May We Call? Yes No
 Name VFW POST 6330
 Address 732 VETERANS PKWY City JONESBORO, GA 30236
 State GA Zip 30236
 Position Held CASHIER-BARTENDER
 Reason For Leaving TO BETTER MY CAREER

A. 391.21 (10) (iv) (b) Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR's) while employed by this previous employer? Yes No
 B. Was your job with this employer designated as safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing as specified in FMCSR 391.21(b)? Yes No

From Mo Day Yr To Mo Day Yr
 Phone # _____
 Supervisor _____
 Type of Equip. Driven _____

SECOND PRIOR EMPLOYER May We Call? Yes No
 Name _____
 Address _____
 State _____ City _____ Zip _____
 Position Held _____
 Reason For Leaving _____

A. 391.21 (10) (iv) (b) Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR's) while employed by this previous employer? Yes No
 B. Was your job with this employer designated as safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing as specified in FMCSR 391.21(b)? Yes No

From Mo Day Yr To Mo Day Yr
 Phone # _____
 Supervisor _____
 Type of Equip. Driven _____

THIRD PRIOR EMPLOYER May We Call? Yes No
 Name _____
 Address _____
 State _____ City _____ Zip _____
 Position Held _____
 Reason For Leaving _____

A. 391.21 (10) (iv) (b) Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR's) while employed by this previous employer? Yes No
 B. Was your job with this employer designated as safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing as specified in FMCSR 391.21(b)? Yes No

From Mo Day Yr To Mo Day Yr
 Phone # _____
 Supervisor _____
 Type of Equip. Driven _____

FOURTH PRIOR EMPLOYER May We Call? Yes No
 Name _____
 Address _____
 State _____ City _____ Zip _____
 Position Held _____
 Reason For Leaving _____

A. 391.21 (10) (iv) (b) Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR's) while employed by this previous employer? Yes No
 B. Was your job with this employer designated as safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing as specified in FMCSR 391.21(b)? Yes No

From Mo Day Yr To Mo Day Yr
 Phone # _____

FIFTH PRIOR EMPLOYER May We Call? Yes No
 Name _____
 Address _____

Supervisor _____
 Type of Equip. Driven _____

From _____ Mo Day Yr _____ To _____ Mo Day Yr _____
 Phone # _____
 Supervisor _____
 Type of Equip. Driven _____

_____ State _____ City _____ State _____ Zip Code _____

Position Held _____

Reason For Leaving _____

A. 391.21 (10) (iv) (b) Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this previous employer? Yes _____ No _____

B. Was your job with this employer designated as safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing as specified in FMCSR 391.21(b)? Yes _____ No _____

SIXTH PRIOR EMPLOYER

May We Call? Yes _____ No _____

Name _____

Address _____ Street _____ City _____ State _____ Zip Code _____

Position Held _____

Reason For Leaving _____

A. 391.21 (10) (iv) (b) Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this previous employer? Yes _____ No _____

B. Was your job with this employer designated as safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing as specified in FMCSR 391.21(b)? Yes _____ No _____

USE SEPARATE SHEET FOR ADDITIONAL EMPLOYMENT HISTORY

DRIVING EXPERIENCE				
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	VAN-TANK-FLAT-ETC.	DATES	APPROX. NO. OF MILES TOTAL
SINGLE TRUCK			FROM 01/01/1996	TO 04/01/2004
TRACTOR AND SEMI-TRAILER	VAN			0
TRACTOR AND TWO TRAILERS				0
TRAILER				0

LICENSE LIST ALL DRIVERS LICENSES HELD IN PAST FIVE YEARS (NOTE-A COPY OF YOUR VALID DRIVERS LICENSE OR CDL MUST BE ATTACHED FOR YOUR APPLICATION TO BE CONSIDERED.)

STATE	LICENSE NUMBER	TYPE	END DATE	EXPIRATION DATE
GA	[REDACTED]			05/21/2014

MOVING TRAFFIC CONVICTIONS LIST FOR PAST FIVE (5) YEARS, IF NONE WRITE NONE.

DATE	LOCATION (STATE)	CHARGE	PENALTY

ACCIDENT RECORD IF NONE WRITE NONE.
LIST ALL INVOLVEMENT WITH TRUCK AND CAR INCLUDING PROPERTY DAMAGE FOR PAST FIVE YEARS, INCLUDING PREVENTABLE AND NON-PREVENTABLE.

DATE	YEAR	VEHICLE	NATURE OF ACCIDENT (HEAD ON, HIT AND RUN, EPSE, ETC.)	INDICATE PREVENTABLE OR NON-PREVENTABLE	FATALITIES	INJURIES	AMOUNT OF PROPERTY DAMAGE

STATES IN WHICH YOU HAVE OPERATED A CLASS-A MOTOR VEHICLE IN THE PAST FIVE YEARS

LIST ALL STATES:

REFERENCES (Please list 2 people able to verify your employment and personal history. Such as co-worker, neighbor, customer or an upstanding citizen of your community. Do not list relatives.)

1. Name	RICHARD C.	DRIVER-AIR PRODUCTS	Relationship	STEP-FATHER
Address	[REDACTED]		Phone #	[REDACTED]
2. Name	LYNN W.		Relationship	FRIEND
Address	[REDACTED]		Phone #	[REDACTED]

ACKNOWLEDGEMENT

I give NGL Transportation, Inc. (the Company) the right to investigate all references and to secure additional information about me, if job related. I release from liability the Company and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information. A copy of this page serves as my authorization to sublicense this information to any third party, including attorneys and contractors which the Company deems necessary to verify the facts provided in this application. I give my consent and release from liability the Company and its representatives to respond to any inquiries made about me as part of a reference check by any subcontractor or potential employer.

I understand it may be necessary for the Company to conduct investigations. If I do, employees are expected to truthfully participate and cooperate in such investigations, including submission to random drug testing. Failure to do so may subject employees to disciplinary action, which may include termination of employment.

I understand that a condition of employment can be required to undergo a post-offer pre-employment medical examination and voluntary pre-employment screening test at the expense of and as prescribed by the Company, and that any offer of employment is conditioned upon the successful completion of these tests. I agree to furnish such additional information and undergo any oral examinations or tests to complete the physical requirements to continue my employment with the Company, if employed. These tests may include, but are not necessarily limited to random, pre-employment, respiratory, cardiac, peak expiratory flow rate, urinalysis, drug screening, breath, alcohol, pre-employment, post-employment, and/or post-employment drug testing procedures, and analysis of the discipline of test results.

I understand that my offer of employment is contingent upon my ability to provide an identification verifying my identity and legal authorization to be employed, as required by the Immigration Reform & Control Act of 1986 (IRCA).

This application is active for sixty (60) days from the date it is completed, or until the specific position commensurate with which it was submitted is closed, whichever is sooner. Subsequent to the expiration of this period, this application will no longer be considered for this, or any other position.

I acknowledge and agree that any unauthorized, incomplete, misleading, incomplete or falsified information provided by me in this application will be cause for disqualification of my application and/or termination from the Company's service. I understand that you as I am bound to do my best, to any extent, with or without prior notice, the Company reserves the right to terminate

REDACTED

STC256175.D0062

my employment at any time, for any reason, with or without prior notice. I understand that no representative of the Company has the authority to make any verbal or written assurances to the contrary. I recognize the employment relationship to be an at-will relationship and not for a specific period of time. This application represents the complete and final expression of the intent of the parties and may not be modified except by a writing duly executed by the undersigned and the President of the Company.

I hereby agree to submit to binding arbitration all disputes and claims arising out of the submission of this or formal application. I further agree, in the event that I am offered employment by the company, as a condition to that employment, all disputes that cannot be resolved by informal internal resolution which might arise out of my employment with the company, whether during or after that employment, will be submitted to binding arbitration in lieu of any federal or State investigative, administrative or legal proceeding. I agree that such arbitration shall be conducted under the rules of the American Arbitration Association. This application contains the entire agreement between the parties with regard to dispute resolution, and there are no other agreements as to dispute resolution, either oral or written.

I have read carefully the above information, understand and accept the contents thereof. This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature _____

Date _____

Customer: Swift Transportation Web
User: Patricia Ramos

VIEW REPORTS - SUBJECT LIST

We are pleased to announce that USIS Commercial Services, Inc. has changed its name to HireRight Solutions, Inc. While for a period of time you may find reference made in our materials to USIS Commercial Services, we are in the process of updating our web sites, software applications and documents to reflect this name change and expect to complete all updates in the near future. In the meantime, should you have any questions please contact us at: 800-322-9651 and select Option 3 for Customer Service.

Please Note: The information contained in this report is based on search criteria matching certain personal identifiers that indicate that this information matched the consumer who is the subject of the report. However, this information is not guaranteed for accuracy or truthfulness as it relates to the subject of this report. The information contained in this report was accurately copied from HireRight's supplier(s) of such information, including the public records of various courts and law enforcement agencies; credit bureaus; laboratories; etc., as applicable. However, information generated as a result of identity theft, including evidence of criminal activity, may be inaccurately associated with the consumer who is the subject of this report. Employment decisions should not be based solely upon information contained in this report. Positive ID requires a fingerprint search. The user of this report is responsible for following applicable local, state and federal laws with respect to the procurement and use of this information.

STC256175.D0065

REDACTED

Причины, по которым в Азии не было широкого распространения письменности, не ясны. Но, вероятно, это объясняется тем, что в Азии не было развитой политической и социальной жизни, как в Европе, и поэтому не было необходимости в создании письменности для выражения политических и социальных интересов.

Postgraduate Aspirations Control Box and blockaded persons list, you will be notified in due course of a possible meeting.

DATA BASE OF OVER 226 MILLION CRIMINAL RECORDS. THREE WAS NO MATCH
BETWEEN THE SUSPECT AND THE VICTIM. THE SUSPECT WAS LOCATED IN THIS STATE.

RECORDED AND INDEXED
BY [REDACTED] 10-20-1968
SEARCHED INDEXED SERIALIZED FILED
FBI - MEMPHIS

350
LA SALLE AVENUE
MANY USES
A READING ROOM
FOR THE PRACTICAL WORK

20/20 Insight Bundled

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 **HireRight.**

STC256175.D0066

EXHIBIT 8



Conviction Form

Please Print Information

Applicant's Name: Victor W P [REDACTED]

Social Security Number: [REDACTED]

Daytime Phone #:

After Hours Phone #:

Date of Birth: [REDACTED]

Date of Arrest:

Charge 1:

Location:

County _____ State _____

Date of Arrest:

Charge 2:

Location:

County _____ State _____

Date of Conviction:

Date of Conviction:

Charge:

Charge:

Sentence:

Sentence:

Time Served:

Time Served:

Dates on Probation:

Dates on Probation:

or Parole:

or Parole:

* Any other arrests or convictions?: Yes No

Any charges pending now? Yes No

Any other names used maiden, married, etc.

Please describe what happened:

Comments on Charge 1:

Comments on Charge 2:

Signature of Applicant: _____

Date: 7/1/02

Recruiter Name: _____

Terminal: _____

[REDACTED] STCB44074

REDACTED

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Customer: Swift Transportation Web
User: Beronice Ruiz

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We are pleased to announce that USIS Commercial Services, Inc. has changed its name to HireRight Solutions, Inc. While for a period of time you may find reference made in our materials to USIS Commercial Services, we are in the process of updating our web sites, software applications and documents to reflect this name change and expect to complete all updates in the near future. In the meantime, should you have any questions please contact us at: 800-322-9651 and select Option 3 for Customer Service.

Please Note: The information contained in this report is based on search criteria matching certain personal identifiers that indicate that this information matched the consumer who is the subject of the report. However, this information is not guaranteed for accuracy or truthfulness as it relates to the subject of this report. The information contained in this report was accurately copied from HireRight's supplier(s) of such information, including the public records of various courts and law enforcement agencies; credit bureaus; laboratories; etc., as applicable. However, information generated as a result of identity theft, including evidence of criminal activity, may be inaccurately associated with the consumer who is the subject of this report. Employment decisions should not be based solely upon information contained in this report. Positive ID requires a fingerprint search. The user of this report is responsible for following applicable local, state and federal laws with respect to the procurement and use of this information.

<https://members.dacservices.com/com-w.aspx/ViewReports/SubjectList.aspx?subject=true&...> 8/31/2010

[REDACTED]

STC044075

REDACTED

[View Reports - Subject List](#)

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Criminal Records, County

Customer: Swift Transportation Web (100500)
Agent: Mary Johnson (5365Mary)
Customer Reference: VERONICA BELL
Customer Sub: 337

Reference: VERONICA BELL

Request Data:

Name: P [REDACTED] VICTOR W
Jurisdiction: GREENE, OH
Search type: Misdemeanor
DOB:
SSN:
Race/Gender:
Result Comments:

Report ID: 1498307
Request ID: 45717706
Request Date: 08/30/2010
Completed Date: 08/31/2010

No Record Found

Record check for requested search area only. National record status unknown. Positive ID requires fingerprint search. Employment evaluation should not be based on search results. Provider cannot act as the guarantor of the information accuracy or completeness. Appropriate use of the information contained in this report may be governed by both federal and state laws and it is the responsibility of the user to comply with all applicable laws.

<https://members.dackservices.com/com-aspx/ViewReports/SubjectList.aspx?subject=true&...> 8/31/2010

[REDACTED]
STC644076

REDACTED

View Reports - Subject List

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Criminal Records, County

Customer: SWIFT Transportation Web (104500)
 Actor: Mary Johnson (S365Mary)
 Customer Reference: VERONICA BELL
 Customer Sub: 337

Subject Name: Victor W P [REDACTED]
 Subject DOB: [REDACTED]
 Subject SSN: [REDACTED]
 Subject Race:
 Subject Gender:
 Search Type: F
 Search State: OH
 Search County: GREENE
 Result Comments:

ReportNumber: 1498306
 Request ID: 45717763
 Request Date: 8/30/2010 8:13:50 AM
 Report Date: 8/31/2010 9:24:01 AM
 Reference: VERONICA BELL

CRIMINAL SEARCH RESULTS

Case Number: [REDACTED]
 File Date: 7/11/2008
 Arrest Date:
 Offense Date:
 Agency Loc: GREENE COUNTY
 Agency Type: COMMON PLEAS COURT
 Case Comments:

Identifying Info		DOB: [REDACTED]	Matching Criteria
Name:	VICTOR W P [REDACTED]	SID: [REDACTED]	<input checked="" type="checkbox"/> Last Name
BirthPlace:		FID: [REDACTED]	<input checked="" type="checkbox"/> First Name
SSN on Record:		DL#: [REDACTED]	<input checked="" type="checkbox"/> Middle Name
Height:		DL State:	<input checked="" type="checkbox"/> DOB
Weight:		Gender:	<input type="checkbox"/> SSN
Eye Color:		Race:	<input type="checkbox"/> Address
Hair Color:		Address: [REDACTED]	
Markings:			

Other:

Matched on: First Name, Middle Name, Last Name, and DOB
 Data inconsistent with the requested criteria.

Count: 1	Final Statute: 2913.02A1
Original Statute:	Final Charge: THEFT
Original Charge:	Final Type: Felony
Original Type:	Final Class: 4TH DEGREE
Original Class:	Plea Date:
Plea: Guilty	Final Degree:
Degree:	Disposition: GUILTY
OrigDisposition:	DispDate: 10/16/2008
OrigDispDate:	

REDACTED

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Comments:

Appeal Comments:

Type	Amount	Paid	Suspended
TOTAL AMOUNT IMPOSED	\$3934.83	\$770	
Sentence Date	Type	Active	Suspended
	PROBATION	9 Years;	Completed

Record check for requested search area only. National record status unknown. Positive ID requires fingerprint search. Employment evaluation should not be based on search results. Provider cannot act as the guarantor of the information accuracy or completeness. Appropriate use of the information contained in this report may be governed by both federal and state laws and it is the responsibility of the user to comply with all applicable laws.

<https://members.dacservices.com/com-aspx/ViewReports/SubjectList.aspx?subject=true&...> 8/31/2010

[REDACTED] STC044078

REDACTED

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Widescreen National Criminal Search

CUSTOMER: SWIFT Transportation Web (104500)
AGENT: Mary Johnson (5365Mary)
Customer Reference: VERONICA BELL
Customer Subj: 337

USIS COMMERCIAL SERVICES, INC.
WIDESCREEN PACKAGE PRODUCT HISTORY RECORD

WIDESCREEN PACKAGE PRODUCT REQUEST INFORMATION

NAME: [REDACTED] VICTOR W [REDACTED]
DOB: [REDACTED] SSN: [REDACTED]
TYPE OF SEARCH: CRIMINAL SEARCH / SEX OFFENDER SEARCH
SEARCH AREA: NATIONWIDE
REQUEST DATE: 8/30/2010

WIDESCREEN PACKAGE PRODUCT FILE INFORMATION

MATCH WAS MADE USING: LASTNAME FIRSTNAME(VIC) BIRTHDATE
NAME: [REDACTED] VICTOR W [REDACTED]

CRIMINAL RECORD INFORMATION

IN THE CASE OF POTENTIAL MATCHES
IN THE WIDESCREEN DATABASE, RECORDS
WILL BE ORDERED FROM THE ORIGINAL
SOURCE TO VERIFY ACCURACY AND CURRENCY.
FINAL RESULTS MAY OR MAY NOT RESULT IN
A TRUE MATCH.

ORDER #: 76026279 REQUEST #: 131955000

USIS COMMERCIAL SERVICES, INC.
WIDESCREEN PACKAGE PRODUCT HISTORY RECORD

WIDESCREEN PACKAGE PRODUCT REQUEST INFORMATION

NAME: [REDACTED] VICTOR W [REDACTED]
DOB: [REDACTED] SSN: [REDACTED]
TYPE OF SEARCH: CRIMINAL SEARCH / SEX OFFENDER SEARCH
SEARCH AREA: NATIONWIDE

REQUEST DATE: 8/30/2010

WIDESCREEN PACKAGE PRODUCT FILE INFORMATION

MATCH WAS MADE USING: SGN LASTNAME FIRSTNAME(VIC) BIRTHDATE
NAME: [REDACTED] VICTOR WILD [REDACTED]
DOB: [REDACTED] SSN: [REDACTED]

CRIMINAL RECORD INFORMATION

REPORT TYPE: M MISDEMEANOR

<https://members.dacservices.com/com.aspx/ViewReports/SubjectList.aspx?subject=true&...> 8/31/2010

[REDACTED]

STC644079

REDACTED

View Reports - Subject List

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SEARCH DATE: 06/30/2008
STATE/COUNTY: WV OHIO

NO RECORD FOUND IN JURISDICTION SEARCHED.

ORDER #: 76026279 REQUEST #: 131955080 DATA FILE DATE: 7/1/2008 1:26:05 AM

This inquiry will also be searched against the Dept of the Treasury, Office of Foreign Assets Control SDN and blocked persons list. You will be notified in the event of a possible match.

The following report is obtained from a commercial database that contains information from public records of various courts and law enforcement agencies across the United States. These records are included in the report because the search criteria for matching personal identifiers such as name, date of birth, Social Security Number, etc., suggested that this record(s) matched the information you provided for the subject of the report. As such, these records might relate to the subject you inquired about, but not necessarily. You should use this report to broaden the scope of the background search of the subject to include the jurisdictions and/or the names contained in this report. Employment decisions should not be based solely upon information contained in this report. Positive ID requires fingerprint search.

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HireRight.

<https://members.dacservices.com/com-aspx/ViewReports/SubjectList.aspx?subject=true&...> 8/31/2010

[REDACTED]

STC844080

REDACTED

SWIFT TRANSPORTATION CO., INC.

2200 S. 75th AVE. PHOENIX, AZ 85040

EMPLOYMENT APPLICATIONQUALIFIED APPLICANTS ARE CONSIDERED WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL STATUS, VETERAN STATUS OR DISABILITY.
EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

Date of Application 08/31/2010

Social Security No. [REDACTED]

Name [REDACTED] Victor [REDACTED] W

Phone [REDACTED]

Present Address [REDACTED]

Previous Addresses(s) during last 3 years (FMC/CSB 391.29 (3))
[REDACTED]
[REDACTED]

Date of Birth (required by FMC/CSB 391.21 (2) to verify motor vehicle report) [REDACTED]

In case of emergency, notify [REDACTED]

TONI M [REDACTED]

Alternate Emergency Phone # [REDACTED]

Name [REDACTED]

Have you applied for work or been worked for this company before? Yes No When? Yes NoIf hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes No

Position which applying for:

Are you able to perform the essential functions and duties of the job as contained in the job description with reasonable accommodation? Yes NoHow did you find out about Swift? Newspapers Brochures & Postcards Publications Internet Swift Transportation Employment Other [REDACTED]**PLEASE READ CAREFULLY**A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes NoB. Has any license, permit or privilege been suspended or revoked? Yes NoC. Have you ever been stopped while intoxicated? Yes NoD. Have you ever used any illegal drugs (including marijuana)? Yes No If yes, when was the last time?E. Have you ever been convicted for possession of, sale, or use of a narcotic drug, amphetamine, or a derivative thereof? Yes NoF. Have you ever been convicted of a criminal offense? In California, "conviction shall include convictions for marijuana and other offenses that are more than 90 days old, as defined in California Health and Safety Code sections 11357 (c) and (c) and 11360 (c), or in California Health and Safety Code sections 11364, 11365, or 11369 of the Health and Safety Code as they related to marijuana prior to January 1, 1976, or their statutory predecessors." Yes NoG. Do you currently have any criminal actions pending in which you are a defendant? (A "yes" answer will not necessarily disqualify you from employment) Yes NoH. Are you currently on probation or parole status? (A "yes" answer will not necessarily disqualify you from employment) Yes No
I. Are you tested positive, or refused a test, on any pre-employment drug or alcohol test administered by an employer to whom you applied for, but did not obtain, directly, long-haul transportation work covered by DOT agency drug and alcohol testing rules in the last three years? Yes NoIf yes to any of the above questions, state circumstances and date(s):
[REDACTED]**EDUCATION**Highest grade completed: 14 High School Graduate: Yes No College Graduate: Yes No Graduate School Graduate: Yes No

Last other specialty training or certificate

MILITARY STATUSHave you served in the U.S. Armed Forces? Yes No Branch _____ Dates: From _____ To _____

Duties _____

9-12E

Form 1

Revised 8/20/01

STC644081

REDACTED

EMPLOYMENT RECORD FOR PAST 10 YEARS

All applicants must list all full and part-time employment including military service, self employment, and periods of unemployment during preceding 10 years.
NOTE: List employers in reverse order starting with the most recent. Use an additional sheet if necessary.

From 06/04/2010 To present
 Phone # _____
 Supervisor _____
 Type of Equip. Driven _____

From 04/01/2007 To 06/04/2010
 Phone # 937-388-6223
 Supervisor _____
 Type of Equip. Driven _____

From _____ To _____
 Phone # _____
 Supervisor _____
 Type of Equip. Driven _____

From _____ To _____
 Phone # _____
 Supervisor _____
 Type of Equip. Driven _____

From _____ To _____
 Phone # _____
 Supervisor _____
 Type of Equip. Driven _____

CURRENT OR MOST RECENT EMPLOYER May We Call? Yes. No. _____

Name Sulphur
 Address 1701 county line rd Springfield, OH 45365

Position Held Steel mechanic/fabrication

Reason For Leaving Still working, Need a better job

A. 391.21 (10) (iv) (B) Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this previous employer? Yes No

B. Was your job with this employer designated as safety sensitive function in any DOT regulated mode

subject to alcohol and controlled substances testing as specified in FMCSR 391.21(B)? Yes No

SECOND PRIOR EMPLOYER May We Call? Yes. No. _____

Name Express Personal
 Address 9 Springfield, OH 45305

Position Held

Reason For Leaving Hired onto sulphur

A. 391.21 (10) (iv) (B) Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this previous employer? Yes No

B. Was your job with this employer designated as safety sensitive function in any DOT regulated mode

subject to alcohol and controlled substances testing as specified in FMCSR 391.21(B)? Yes No

THIRD PRIOR EMPLOYER May We Call? Yes. No. _____

Name _____
 Address _____

Position Held

Reason For Leaving

A. 391.21 (10) (iv) (B) Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this previous employer? Yes No

B. Was your job with this employer designated as safety sensitive function in any DOT regulated mode

subject to alcohol and controlled substances testing as specified in FMCSR 391.21(B)? Yes No

FOURTH PRIOR EMPLOYER May We Call? Yes. No. _____

Name _____
 Address _____

Position Held

Reason For Leaving

A. 391.21 (10) (iv) (B) Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this previous employer? Yes No

B. Was your job with this employer designated as safety sensitive function in any DOT regulated mode

subject to alcohol and controlled substances testing as specified in FMCSR 391.21(B)? Yes No

FIFTH PRIOR EMPLOYER May We Call? Yes. No. _____

Name _____
 Address _____

REDACTED

DRIVING EXPERIENCE				
CLASS OF EQUIPMENT: STRAIGHT TRUCK	TYPE OF EQUIPMENT: VAN-TANK-FLAT-ETC.	DATE:	FROM	TO
TRAILER AND VAN-TRAILER				
TRAILER AND TWO TRAILERS				
OTHER				
LICENSING LIST ALL DRIVERS LICENSES HELD IN PAST FIVE YEARS. NOTE A COPY of your valid drivers license or CDL must be attached for your application to be considered.				
STATE	LICENSE NUMBER	TYPE	ENDORSEMENTS	EXPIRATION DATE
OK	[REDACTED]			01/17/03
MOVING TRAFFIC CONVICTIONS LIST FOR PAST FIVE (5) YEARS, IF NONE WRITE NONE.				
DATE	LOCATION (STATE)	CHARGE	PENALTY	
NONE				
ACCIDENT RECORD IF NONE WRITE NONE.				
DATE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, SIDESWIPE, ETC.)	INCIDENT TIME AMT. OR NOT PREVENTABLE	FATALITIES	AMOUNT OF PROPERTY DAMAGE
NONE				
STATES IN WHICH YOU HAVE OPERATED A CLASS-A MOTOR VEHICLE IN THE PAST FIVE YEARS				

LIST ALL STATES

REFERENCES (Please list 2 people able to verify your employment and personal history. Such as co-worker, neighbor, customer or an upstanding citizen of your community. Do not list relatives.)				
1. Name	JOHN C.	Relationship	FRIEND	
Address	[REDACTED]	Phone #	[REDACTED]	
2. Name	ADAM C.	Relationship	FRIEND	
Address	[REDACTED]	Phone #	[REDACTED]	

ACKNOWLEDGEMENT

I give Great Transportation, Inc. (the Company) the right to investigate all references and to pursue additional information about me, if job-related. I release from liability the Company and its representatives for failing to obtain information and/or other services, surveys, audits or investigations for fulfilling such information. A copy of this page serves as my authorization to seek/give this information. I agree to sign all documents and consent forms which the Company deems necessary to verify the facts provided in this application. I give my consent and release from liability the Company and its representatives to respond to any inquiries made about me at part of a reference check by any subsequent or potential employer.

From time to time the company may find it necessary to conduct investigations. If it does, employees are expected to truthfully participate and cooperate in such investigations, including interviews, searches or property. Failure to do so may subject employees to disciplinary action, which may include termination of employment.

I agree as a condition of employment I will be required to undergo a post-accident employment medical examination and substance abuse screening test at 72 hours after I am employed by the Company, and that any other employment is conditioned upon the successful completion of these tests. I agree to furnish such information and undergo any other examinations as felt to be necessary by my employer. In no case may my employment be terminated for failure to provide a post-employment medical examination or substance abuse screening test. Further, I release the Company, its agents or employees from any and all claims or actions arising out of such accident or substance abuse screening test, including, but not limited to, the testing procedures, my answer to the disclosure of test results.

I understand that any offer of employment is contingent upon my ability to produce documentation verifying my identity and legal authorization to be employed as contemplated by the Immigration Reform & Control Act of 1986 (IRCA).

This application is valid for forty (40) days from the date it is completed, or until the position for which it was submitted is filled. Subsequent to written submission to the employer, the employee may withdraw or cancel this application at any time, or any other portion thereof.

I understand and agree that any representation, including, but not limited to, information furnished to me in this application can be relied upon in consideration of this application under circumstances and agreements that may never occur. I further understand and agree that any statement of any kind, whether written or oral, made to me by any representative of the Company, either in the course of employment or otherwise, concerning my employment, former, present or prospective, is to be construed as a representation of my intent for any reason, except representations to the Company, unless the right is given to terminate such statement and/or my employment at any time, for any reason, with or without prior notice. I understand that no representative of the Company has the authority to make any verbal or written assurance to the contrary. I agree to the employment relationship as set forth in this document and that no person or entity other than the parties shall have any rights or interests in this agreement, except by a writing signed by the undersigned and the President of the Company.

I hereby agree to return to the company all documents and materials used in the preparation of this formal application. I further agree to the extent that I am offered employment by this company, to thereby agree to return to the company all documents and materials used in the preparation of this formal application. I further agree to the extent that I am offered employment by this company, to

REDACTED

I consent to trial by arbitration of disputes that cannot be resolved by voluntary informal resolution prior to filing out of my employment with the company, whether during or after that employment, will be submitted to binding arbitration in accordance with the Federal or State investigative, administrative or legal proceeding. I agree that such arbitration shall be conducted under the rules of the American Arbitration Association. This application binds the parties hereto to exclusive jurisdiction, and there are no other agreements as to dispute resolution, either oral or written.

I have read carefully the above information, understand and accept the contents thereof. I declare that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature _____

Date _____

P-104

Page 1

Revised 8/01/05

STC644084

REDACTED



STATE OF OHIO VS. P [REDACTED] VICTOR W (FPD
SAW)

Prelim Case Nbr
POLICE DEPA

Jurisdiction FAIRBORN

Defendant

Full Name P [REDACTED] VICTOR W

D.O.B. [REDACTED]

Address

City/State/Zip [REDACTED]

Attorney(s)

PATRY, SIMON

Case Information

Action Code	2913.02A1
Description	THEFT
Degree of Off.	Felony 4th Degree
Charge Dscr	
Offense Date	03/01/2008
Arrest Date	07/05/2008
Officer	
Complainant	
Prosecutor	
Judge	WOLAYER, STEPHEN A

Additional Fields

BOND AMOUNT
BOND REFUNDED TO
REFUND ADDRESS

Case Comments

ARRAIGNMENT SET:
AUGUST 1, 2008 AT 1:00 PM
PUBLIC DEFENDER

Case Attributes

Number [REDACTED]

Filed 07/11/2008

Status Closed/Dismissed

REDACTED

STC044005

SSN [REDACTED]	ChaseSS [REDACTED]	Entered By [REDACTED]	Status
Name VICTOR W P [REDACTED]	Date 10/18/2010	Open	
Birthday [REDACTED]	10/18/1981	Pending	
		Approved	
		Danded	
		Closed	
		Interview [REDACTED]	ID Stamp [REDACTED]
Close and Reopen			
General Questions Yes No N/A 1. All Identifiers verified? <input type="radio"/> 2. Any other arrest or convictions? <input type="radio"/> 3. Any charges pending now? <input type="radio"/> 4. Any other names used? <input type="radio"/> 5. Any weapons involved? <input type="radio"/> 6. Domestic issue? <input type="radio"/> 7. Misdemeanor? <input type="radio"/> 8. Felony? <input type="radio"/> 9. Ever been terminated? <input type="radio"/> 10. Ever used drugs? <input type="radio"/> What: _____ When: _____ 11. Ever tested positive or refused a drug or alcohol test? <input checked="" type="radio"/> What: _____ When: _____			
Level 1 Review — Offenses: <input type="checkbox"/> Theft <input type="checkbox"/> Drug <input checked="" type="checkbox"/> Sex <input checked="" type="checkbox"/> Requested <input checked="" type="checkbox"/> Completed			
Level 2 Review — <input type="checkbox"/> Requested <input type="checkbox"/> Completed			
Dispute Review — <input type="checkbox"/> Requested <input type="checkbox"/> Completed			
General Summary Notes: wild 2000- THEFT- FELONY- DROPPED EMPLOYED 9/8/10 ADDITIONAL CHECKS ORDERED, FILE PENDING.FLORAN 9/14/10 WIDESCREEN HAS HIT, COURT DOCS SHOW DISMISSED W/SAME CASE NUMBER ON WIDESCREEN ON APPLICATIONS RECORD, WILL APPROVE.FLORAN			

STC644086

REDACTED

Documents	
1	<u>WIDESCREEN</u>
2	<u>FILE</u>
3	<u>Attachment</u>
4	<u>Additional Checks</u>
5	
6	

N, NO CRIMINAL CONVICTIONS



STC644087

REDACTED

EXHIBIT 9



Conviction Form

Please Print Information

Applicant's Name: Jamario A B [REDACTED]

Social Security Number: [REDACTED]

Daytime Phone #:

After Hours Phone #:

Date of Birth: [REDACTED]

Date of Arrest:

Charge 1:

Location:

Date of Arrest:

Charge 2:

Location:

County

State

Date of Conviction:

Charge:

Sentence:

Time Served:

Dates on Probation:

or Parole:

Date of Conviction:

Charge:

Sentence:

Time Served:

Dates on Probation:

or Parole:

* Any other arrests or convictions?: Yes No

Any charges pending now? Yes No

Any other names used maiden, married, etc.

Please describe what happened:

Comments on Charge 1:

Comments on Charge 2:

Signature of Applicant:

Date:

Recruiter Name:

Terminal:

[REDACTED] STC844088

REDACTED

View Reports - Subject List

Page 1 of 9

Customer: Swift Transportation Web
User: Berenice Ruiz

VIEW REPORTS - SUBJECT LIST

We are pleased to announce that USIS Commercial Services, Inc. has changed its name to HireRight Solutions, Inc. While for a period of time you may find reference made in our materials to USIS Commercial Services, we are in the process of updating our web sites, software applications and documents to reflect this name change and expect to complete all updates in the near future. In the meantime, should you have any questions please contact us at: 800-322-8651 and select Option 3 for Customer Service.

Please Note: The information contained in this report is based on search criteria matching certain personal identifiers that indicate that this information matched the consumer who is the subject of the report. However, this information is not guaranteed for accuracy or truthfulness as it relates to the subject of this report. The information contained in this report was accurately copied from HireRight's supplier(s) of such information, including the public records of various courts and law enforcement agencies; credit bureaus; laboratories; etc., as applicable. However, information generated as a result of identity theft, including evidence of criminal activity, may be inaccurately associated with the consumer who is the subject of this report. Employment decisions should not be based solely upon information contained in this report. Positive ID requires a fingerprint search. The user of this report is responsible for following applicable local, state and federal laws with respect to the procurement and use of this information.

<https://members.dacservices.com/com-aspx/ViewReports/SubjectList.aspx?subject=true&A...> 5/3/2010

[REDACTED]

STC644089

REDACTED

View Reports - Subject List

Page 2 of 9

Criminal Records, County

Customer: Swift Transportation Web (10450B)
 Actor: Mary Johnson (5365Macyl)
 Customer Reference: SHERONDIA MCNEAL
 Customer Sub: 341

Subject Name: Jamario A B [REDACTED]
 Subject DOB: [REDACTED]
 Subject SSN: [REDACTED]
 Subject Race:
 Subject Gender:
 Search Type: F
 Search State: MS
 Search County: COPIAH
 Result Comments:

ReportNumber: 1480744
 RequestID: 43713106
 Request Date: 4/23/2010 9:08:27 AM
 Report Date: 5/3/2010 9:00:41 AM
 Reference: SHERONDIA MCNEAL

CRIMINAL SEARCH RESULTS

Case Number: [REDACTED]
 File Date: 10/2/2004
 Arrest Date:
 Offense Date:
 Agency Loc:
 Agency Type: CIRCUIT COURT
 Case Comments:

Identifying Info		Matching Criteria	
Name:	JAMARIO A B [REDACTED]	DOB:	[REDACTED] <input checked="" type="checkbox"/> Last Name
BirthPlace:		SSN:	<input checked="" type="checkbox"/> First Name
SSN on Record:		FID:	<input checked="" type="checkbox"/> Middle Name
Height:		DL#:	<input checked="" type="checkbox"/> DOB
Weight:		DL State:	<input checked="" type="checkbox"/> SSN
Eye Color:		Gender:	<input type="checkbox"/> Address
Hair Color:		Race:	
Markings:		Address:	

Other:

Matched on: First Name, Middle Name, Last Name and DOB
 Data inconsistent with the requested criteria

Count: 1	Final Statute:
Original Statute:	Final Charge: Burglary of a Vehicle
Original Charge:	Final Type: Felony
Original Type:	Final Class:
Original Class:	Plea Date:
Plea:	Final Degree:
Degree:	Disposition: Guilty
OrigDisposition:	DispDate: 1/12/2006
OrigDispDate:	

REDACTED

[View Reports](#) · [Subject List](#)

Page 3 of 9

Comments:

Appeal Comments:

Sentence Date	Type	Active	Suspended	Completed
	OTHER			

Comments: 2 years probation.

Record check for requested search area only. National record status unknown. Positive ID requires fingerprint search. Employment evaluation should not be based on search results. Provider cannot act as the guarantor of the information accuracy or completeness. Appropriate use of the information contained in this report may be governed by both federal and state laws and it is the responsibility of the user to comply with all applicable laws.

<https://members.dacservices.com/com-aspx/ViewReports/SubjectList.aspx?subject=true&A...> 5/3/2010

[REDACTED]

STC044001

REDACTED

View Reports - Subject List

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Criminal Records, County

Customer: SWIFT Transportation Web (104500)
 Actor: Mary Johnson (5365Maryl)
 Customer Reference: SHERONDIA MCNEAL
 Customer Sub: 341

Subject Name: Jamario A B [REDACTED]
 Subject DOB: [REDACTED]
 Subject SSN: [REDACTED]
 Subject Race:
 Subject Gender:
 Search Type: B
 Search State: MS
 Search County: HINOS
 Result Comments:

ReportNumber: 1480744
 Request ID: 43713183
 Request Date: 4/23/2010 8:06:26 AM
 Report Date: 5/3/2010 9:00:41 AM
 Reference: SHERONDIA MCNEAL

CRIMINAL SEARCH RESULTS

Case Number: [REDACTED]
 File Date: 1/25/2004
 Arrest Date:
 Offense Date:
 Agency Loc:
 Agency Type:
 Case Comments:

Identifying Info		Matching Criteria
Name:	Jamario B [REDACTED]	[X] Last Name
BirthPlace:		[X] First Name
SSN on Record:	[REDACTED]	[] Middle Name
Height:		[X] DOB
Weight:		[X] SSN
Eye Color:		[] Address
Hair Color:		
Markings:		
DOB:	[REDACTED]	
SID:	[REDACTED]	
FID:	[REDACTED]	
DL#:	[REDACTED]	
DL State:		
Gender:		
Race:		
Address:		

Other:

Matched on: First Name, Last Name, DOB, and SSN
 Data Inconsistent with the requested criteria.

Count: 1	Final Statute:
Original Statute:	Final Charge: Auto Burglary
Original Charge:	Final Type: Felony
Original Type:	Final Class:
Original Class:	Plea Date:
Plea:	Final Degree:
Degree:	Disposition: This case is still active
OrigDisposition:	DispDate:
OrigDispDate:	

<https://members.dacservices.com/com-uspx/ViewReports/SubjectList.aspx?subject=true&A...> 5/3/2010

[REDACTED] STC644092

REDACTED

[View Reports - Subject List](#)

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Comments:

Appeal Comments:

Sentence	Date	Type	Active	Suspended	Completed
		OTHER			

Comments: no further information available.

Record check for requested search area only. National record status unknown. Positive ID requires fingerprint search. Employment evaluation should not be based on search results. Provider cannot act as the guarantor of the information accuracy or completeness. Appropriate use of the information contained in this report may be governed by both federal and state laws and it is the responsibility of the user to comply with all applicable laws.

<https://members.dacservices.com/com-aspx/ViewReports/SubjectList.aspx?subject=true&A...> 5/3/2010

[REDACTED]

STC044003

REDACTED

View Reports - Subject List

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Widescreen National Criminal Search

Customer: Swift Transportation Web (104508)
Actor: Mary Johnson (5365Mary)
Customer Reference: SHERONDIA MCNEAL
Customer Sub: 341

USIS COMMERCIAL SERVICES, INC.
WIDESCREEN PACKAGE PRODUCT HISTORY RECORD

WIDESCREEN PACKAGE PRODUCT REQUEST INFORMATION

NAME: B [REDACTED] JAMARIO A [REDACTED]
DOB: [REDACTED] SSN: [REDACTED]
TYPE OF SEARCH: CRIMINAL SEARCH / SEX OFFENDER SEARCH
SEARCH AREA: NATIONWIDE
REQUEST DATE: 4/22/2010

WIDESCREEN PACKAGE PRODUCT FILE INFORMATION

MATCH WAS MADE USING: LASTNAME FIRSTNAME(JAMI) BIRTHDATE
NAME: B [REDACTED] JAMARIO
GENDER: MALE RACE: BLACK

CRIMINAL RECORD INFORMATION

IN THE CASE OF POTENTIAL MATCHES
IN THE WIDESCREEN DATABASE, RECORDS
WILL BE ORDERED FROM THE ORIGINAL
SOURCE TO VERIFY ACCURACY AND CURRENCY.
FINAL RESULTS MAY OR MAY NOT RESULT IN
A TRUE MATCH.

ORDER #: 12722635 REQUEST #: 126311807

USIS COMMERCIAL SERVICES, INC.
WIDESCREEN PACKAGE PRODUCT HISTORY RECORD

WIDESCREEN PACKAGE PRODUCT REQUEST INFORMATION

NAME: B [REDACTED] JAMARIO A [REDACTED]
DOB: [REDACTED] SSN: [REDACTED]
TYPE OF SEARCH: CRIMINAL SEARCH / SEX OFFENDER SEARCH
SEARCH AREA: NATIONWIDE
REQUEST DATE: 4/22/2010

WIDESCREEN PACKAGE PRODUCT FILE INFORMATION

MATCH WAS MADE USING: SSN LASTNAME FIRSTNAME(JAMI) BIRTHDATE
NAME: B [REDACTED] JAMARIO
DOB: [REDACTED] SSN: [REDACTED]

CRIMINAL RECORD INFORMATION

<https://members.dacservices.com/com-aspx/ViewReports/SubjectList.aspx?subject=true&A...> 5/3/2010

[REDACTED]

STC644004

REDACTED

View Reports - Subject List

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REPORT TYPE: F FELONY
 SEARCH DATE: 05/12/2008
 STATE/COUNTY: MS FORREST

NO RECORD FOUND IN JURISDICTION SEARCHED.

ORDER #: 72722635 REQUEST #: 126311807 DATA FILE DATE: 5/13/2008 1:18:52 AM

USIS COMMERCIAL SERVICES, INC.
WIDESCREEN PACKAGE PRODUCT HISTORY RECORD

WIDESCREEN PACKAGE PRODUCT REQUEST INFORMATION

NAME: B [REDACTED] JAMARIO A
 DOB: [REDACTED] SSN: [REDACTED]
 TYPE OF SEARCH: CRIMINAL SEARCH / SEX OFFENDER SEARCH
 SEARCH AREA: NATIONWIDE

REQUEST DATE: 4/22/2010

WIDESCREEN PACKAGE PRODUCT FILE INFORMATION

MATCH WAS MADE USING: SSN LASTNAME FIRSTNAME(JAM) BIRTHDATE
 NAME: B [REDACTED] JAMARIO
 DOB: [REDACTED] SSN: [REDACTED]

CRIMINAL RECORD INFORMATION

REPORT TYPE: M MISDEMEANOR
 SEARCH DATE: 05/12/2008
 STATE/COUNTY: MS FORREST

NO RECORD FOUND IN JURISDICTION SEARCHED.

ORDER #: 72722635 REQUEST #: 126311807 DATA FILE DATE: 5/13/2008 1:18:52 AM

USIS COMMERCIAL SERVICES, INC.
WIDESCREEN PACKAGE PRODUCT HISTORY RECORD

WIDESCREEN PACKAGE PRODUCT REQUEST INFORMATION

NAME: B [REDACTED] JAMARIO A
 DOB: [REDACTED] SSN: [REDACTED]
 TYPE OF SEARCH: CRIMINAL SEARCH / SEX OFFENDER SEARCH
 SEARCH AREA: NATIONWIDE

REQUEST DATE: 4/22/2010

WIDESCREEN PACKAGE PRODUCT FILE INFORMATION

MATCH WAS MADE USING: SSN LASTNAME FIRSTNAME(JAM) BIRTHDATE
 NAME: B [REDACTED] JAMARIO
 DOB: [REDACTED] SSN: [REDACTED]

CRIMINAL RECORD INFORMATION

REPORT TYPE: M MISDEMEANOR
 SEARCH DATE: 05/14/2008
 STATE/COUNTY: MS KINNS

NO RECORD FOUND IN JURISDICTION SEARCHED.

<https://members.dacservices.com/com-aspx/ViewReports/SubjectList.aspx?subject=true&A...> 5/3/2010

[REDACTED] STC644095

REDACTED

View Reports - Subject List

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ORDER #: 72722635 REQUEST #: 126311807 DATA FILE DATE: 5/16/2008 1:54:53 AM

USIS COMMERCIAL SERVICES, INC
WIDESCREEN PACKAGE PRODUCT HISTORY RECORD

WIDESCREEN PACKAGE PRODUCT REQUEST INFORMATION

NAME: B [REDACTED] JAMARIO A [REDACTED]
DOB: [REDACTED] SSN: [REDACTED]
TYPE OF SEARCH: CRIMINAL SEARCH / SEX OFFENDER SEARCH
SEARCH AREA: NATIONWIDE

REQUEST DATE: 0/22/2010

WIDESCREEN PACKAGE PRODUCT FILE INFORMATION

MATCH WAS MADE USING: USN LASTNAME FIRSTNAME(JAM) BIRTHDATE
NAME: B [REDACTED] JAMARIO [REDACTED]
DOB: [REDACTED] SSN: [REDACTED]

CRIMINAL RECORD INFORMATION

REPORT TYPE: M MISDEMEANOR
SEARCH DATE: 05/15/2008
STATE/COUNTY: MD COPIAH

NO RECORD FOUND IN JURISDICTION SEARCHED.

ORDER #: 72722635 REQUEST #: 126311807 DATA FILE DATE: 5/16/2008 1:22:42 AM

USIS COMMERCIAL SERVICES, INC.
WIDESCREEN PACKAGE PRODUCT HISTORY RECORD

WIDESCREEN PACKAGE PRODUCT REQUEST INFORMATION

NAME: B [REDACTED] JAMARIO A [REDACTED]
DOB: [REDACTED] SSN: [REDACTED]
TYPE OF SEARCH: CRIMINAL SEARCH / SEX OFFENDER SEARCH
SEARCH AREA: NATIONWIDE

REQUEST DATE: 4/22/2010

WIDESCREEN PACKAGE PRODUCT FILE INFORMATION

MATCH WAS MADE USING: SSN LASTNAME FIRSTNAME(JAM) BIRTHDATE
NAME: B [REDACTED] JAMARIO ANTHONIE [REDACTED]
DOB: [REDACTED] SSN: [REDACTED]

CRIMINAL RECORD INFORMATION

REPORT TYPE: M MISDEMEANOR
SEARCH DATE: 03/08/2010
STATE/COUNTY: MS COPIAH

NO RECORD FOUND IN JURISDICTION SEARCHED

ORDER #: 72722635 REQUEST #: 126311807 DATA FILE DATE: 1/9/2010 11:24:31 AM

This inquiry will also be searched against the Dept of the Treasury, Office of Foreign Assets Control SDN and blocked persons list. You will be notified in the event of a possible match.

<https://members.dacservices.com/com-aspx/ViewReports/SubjectList.aspx?subject=true&A...> 5/3/2010

STC644000

REDACTED

[View Reports - Subject List](#)

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The following report is obtained from a commercial database that contains information from public records of various courts and law enforcement agencies across the United States. These records are included in the report because the search criteria for matching personal identifiers such as name, date of birth, Social Security Number, etc., suggested that this record(s) matched the information you provided for the subject of the report. As such, these records might relate to the subject you inquired about, but not necessarily. You should view this report to broaden the scope of the background search of the subject to include the jurisdictions and/or the names contained in this report. Employment decisions should not be based solely upon information contained in this report. Positive ID requires fingerprint search.

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 **HireRight.**

<https://members.dacservices.com/com-aspx/ViewReports/SubjectList.aspx?subject=true&A..> 5/3/2010

[REDACTED]

STC644007

REDACTED

SWIFT TRANSPORTATION CO., INC.

2200 E. 75TH AVE. PHOENIX AZ. 85043

EMPLOYMENT APPLICATION

QUALIFIED APPLICANTS ARE CONSIDERED WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL STATUS, VETERAN STATUS OR DISABILITY
EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

Date of Application: 05/03/2010

Name: B [REDACTED] Jaramillo A [REDACTED]

Social Security No: [REDACTED]

Present Address: [REDACTED]

Phone: [REDACTED]

Previous Employment during last 3 years (MCGIV 391.21 (3))

Date of Birth (required by FMCSR 391.21 (2) to verify motor vehicle report)

In case of emergency notify DELOIS BOUCIE (MOTHER) [REDACTED]

Alternate Emergency Phone # _____ Name _____

Have you applied for work and/or worked for this company before? Yes No When?If hired, can you present evidence of your U.S. Citizenship or proof of your legal right to live and work in this country? Yes No

Position which applying for:

Are you able to perform the essential functions and duties of the job as contained in the job description with reasonable accommodation? Yes NoHow did you find out about Swift? Newspapers Brochures & Postcards Publications Internet Swift Transportation Employee Referrals

PLEASE READ CAREFULLY

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes NoB. Has any license, permit or privilege been suspended or revoked? Yes NoC. Have you ever been stopped while intoxicated? Yes NoD. Have you ever used any illegal drugs (including marijuana)? Yes No If yes, when was the last time?E. Have you ever been convicted for possession of, sale, or use of a narcotic drug, amphetamine, or derivative thereof? Yes NoF. Have you ever been convicted of a criminal offense? In California, "crime" shall exclude convictions for marijuana-related offenses that are more than two years old, as defined in California Health and Safety Code sections 11357 (b) and (c) and 11360 (d), or in California Health and Safety Code sections 11364, 11365, or 11366 of the Health and Safety Code as they relate to marijuana prior to January 1, 1976, or their statutory predecessors. Yes NoG. Do you currently have any criminal actions pending in which you are a defendant? (A "yes" answer will not necessarily disqualify you from employment) Yes NoH. Are you currently on probation or parole status? (A "yes" answer will not necessarily disqualify you from employment) Yes No
(e.g. if you have tested positive, or refused a test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not hire, or if you are prohibited from performing transportation work covered by DOT agency drug and alcohol testing rules in the last three years) Yes No

If you lie on any of the above questions, brief circumstances and dates:

EDUCATION

Highest grade completed: 12 High School Graduate: Yes No College Graduate: Yes No Graduate School Graduate: Yes No

Last other educational school

MILITARY STATUS

Have you served in the U.S. Armed Forces? Yes No Branch _____

Dates From _____ To _____

[REDACTED]

8-101

Form I

MURKIN 5/21/93

STC644090

REDACTED

EMPLOYMENT RECORD FOR PAST 10 YEARS

All applicants must list all full and part-time employment including military service, all employment, and periods of unemployment during preceding 10 years.
NOTE: List employers in reverse order starting with the most recent. Use an additional sheet if necessary.

From Mo Day Yr 08/2007 To 09/2008
 Phone # _____
 Supervisor _____
 Type of Equip. Driver _____

From Mo Day Yr 06/2002 To 07/2007
 Phone # 6017543051
 Supervisor _____
 Type of Equip. Driver _____

From Mo Day Yr 03/2010 To 04/2010
 Phone # 6015020730
 Supervisor _____
 Type of Equip. Driver _____

From Mo Day Yr 10/2008 To 02/2010
 Phone # _____
 Supervisor _____
 Type of Equip. Driver _____

From Mo Day Yr To _____
 Phone # _____
 Supervisor _____
 Type of Equip. Driver _____

CURRENT OR MOST RECENT EMPLOYER May We Call? Yes _____ No _____

Name DIGI COATING
 Address BYRAM, MS 38659

Position Held FLOORMAN

Reason For Leaving **LAND OFF**

- A. 391.21 (10) (iv) (a) Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR) while employed by this previous employer? Yes No
 B. Was your job with this employer designated as safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing as specified in FMCSR 391.21(B)? Yes No

SECOND PRIOR EMPLOYER May We Call? Yes _____ No _____

Name CONTIE BYRD INC
 Address BROOKHAVEN, MS 39059

Position Held SHOP HELPER

Reason For Leaving **MORE MONEY**

- A. 391.21 (10) (iv) (a) Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR) while employed by this previous employer? Yes No
 B. Was your job with this employer designated as safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing as specified in FMCSR 391.21(B)? Yes No

THIRD PRIOR EMPLOYER May We Call? Yes _____ No _____

Name ACE TRAINING CENTER INC
 Address 155 SOUTH EAST FRONTAGE ROAD BYRAM, MS 38659

Position Held CDL STUDENT

Reason For Leaving **GRADUATION**

- A. 391.21 (10) (iv) (b) Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR) while employed by this previous employer? Yes No
 B. Was your job with this employer designated as safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing as specified in FMCSR 391.21(B)? Yes No

FOURTH PRIOR EMPLOYER May We Call? Yes _____ No _____

Name UNEMPLOYED
 Address MS

Position Held UNEMPLOYED

Reason For Leaving

- A. 391.21 (10) (iv) (b) Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR) while employed by this previous employer? Yes No
 B. Was your job with this employer designated as safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing as specified in FMCSR 391.21(B)? Yes No

FIFTH PRIOR EMPLOYER May We Call? Yes _____ No _____

Name _____
 Address _____

Position Held _____

REDACTED

DRIVING EXPERIENCE				
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT: VAN-TANK-FLAT-ETC	DATE:	FROM	TO
SINGLE UNIT				
TRACTOR AND SINGLE TRAILER	TRUCK AND 53 FOOT TRAILER			
TWO OR MORE TRAILERS				
OTHER				
LICENSE LIST ALL DRIVERS LICENSES HELD IN PAST FIVE YEARS (NOTE A COPY OF YOUR VALID DRIVER'S LICENSE/CDL MUST BE ATTACHED TO THIS APPLICATION)				
STATE	LICENSE NUMBER	TYPE	ENDORSEMENTS	EXPIRATION DATE
MS	[REDACTED]	CDL		08/2013
MOVING TRAFFIC CONVICTIONS LIST FOR PAST FIVE (5) YEARS. IF NONE WRITE NONE.				
DATE	LOCATION (STATE)	CHARGE	PENALTY	
DECEMBER 08	MISSISSIPPI	CARELESS DRIVING	FINE	
DECEMBER 08	MISSISSIPPI	SPLENDING	FINE	
ACCIDENT RECORD IF NONE WRITE NONE.				
LIST ALL INVOLVEMENT WITH TRUCK AND CAR INVOLVED PROPERTY DAMAGE FOR PAST FIVE YEARS, INCLUDING PREVENTABLE AND NON-PREVENTABLE				
DATE	TIME OF ACCIDENT	INDICATE PREVENTABLE OR NON-PREVENTABLE	FACILITIES	AMOUNT OF PROPERTY DAMAGE
None	HEAD ON HIGHWAY, STATE UNKNOWN			
STATES IN WHICH YOU HAVE OPERATED A CLASS-A MOTOR VEHICLE IN THE PAST FIVE YEARS				

LIST ALL STATES:

REFERENCES (Please list 2 people able to verify your employment and personal history. Such as co-worker, neighbor, customer or an upstanding citizen of your community. Do not list relatives.)					
1 Name	NAKOSHA A [REDACTED]	Relationship	ENEMIES	Phone #	[REDACTED]
Address	[REDACTED]				
2 Name	DELDIS B [REDACTED]	Relationship	MOTHER	Phone #	[REDACTED]
Address	[REDACTED]				

ACKNOWLEDGEMENT

I give Smith Transportation Inc., (the Company) the right to investigate all references and to request additional information about me, if I am retained. I release from liability the Company and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information. A copy of this application will be submitted to my supervisor at my current place of employment. I agree to sign all documents and consent to which the Company deems necessary to verify the facts provided in this application. I give my consent and release from liability the Company and its representatives to respond to any inquiries made about me as part of a reference check, hiring, subsequent or potential employment.

If at time 1) and the company may find it necessary to conduct investigations, 2) if so, employees are required to initially participate and cooperate in such investigations, including submission to searches of property. Failure to do so may subject employee to disciplinary action, which may include termination of employment.

Notice as a condition of employment I will be required to undergo a post-employment medical examination and substance abuse screening test at the expense of and as prescribed by the Company, and that any offer of employment is conditional upon the successful completion of these tests. I agree to submit such additional information and undergo any other examinations or tests to complete the employment file or to determine my employment with the Company. These tests may include, but are not necessarily limited to drug, fatigued, reasonable suspicion or pre-employment alcohol and substance abuse screening tests. Further, I release the Company, its agents or employees from any and all claims or actions arising out of or not related to any substance abuse tests including, but not limited to, the testing procedures, the analysis of the results of test results.

I understand that any offer of employment is contingent upon my ability to produce documentation verifying my identity and legal authorization to be employed, as required by the Immigration Reform & Control Act of 1986 (IRCA).

This application is valid for approximately 60 days from the date it is completed. Or until the specific position opening for which it was submitted is filled, whichever is earlier. If before this period of time, I then submit a new application, it will be considered for this, or any other position.

I understand and agree that any information, including, but not limited to, incomplete or omitted information provided by me in this application will be sufficient cause for cancellation of my employment and/or any compensation I receive from the Company. I further understand that I am not entitled to retain my job, or any compensation, for any reason, with or without prior notice. Furthermore, no representative of the Company has the authority to make any verbal or written assurances to the contrary. I may terminate my employment relationship at any time, with or without prior notice. Furthermore, I have no representation or guarantee of time. This application represents the contents and final negotiations in respect of the particular employment contract of the parties and may not be modified except by a writing duly executed by the undersigned and the President or Vice President.

I hereby agree to sue in binding arbitration all disputes and claims arising out of or relating to this application, to either myself or the Company, in an attempt to obtain employment by the Company, or a condition of my employment, all disputes that cannot be resolved by informal internal resolution which may arise out of my employment with the Company, whether during or after my employment. All of

REDACTED

I understand that arbitration is not available in any Federal or State administrative or legal proceeding. I agree that such arbitration shall be conducted under the rules of the American Arbitration Association. This application contains the entire agreement between the parties with regard to dispute resolution, and there are no other agreements or disputes resolution, either oral or written.

I have read carefully the above information, understand and accept the contents thereof. This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature _____

Date _____

A-101

Form 1

Revised 10/1/01

STC844101

REDACTED

IN THE CIRCUIT COURT OF HINDS COUNTY, MISSISSIPPI
FIRST JUDICIAL DISTRICT

STATE OF MISSISSIPPI [REDACTED]

VS.

JAMARIO ANTRONISLE [REDACTED]

Ethnicity: Black

Gender: Male

Date of Birth:

Social Security No.: [REDACTED]

Agency Case No.: 04-324

Originating: Hinds County, Mississippi Sheriff's Department

ORDER OF DISMISSAL AND EXPUNGEMENT

This day this cause came on to be heard upon motion of the Petitioner to dismiss this cause and to expunge from all official records all recordations relating to the Petitioner's arrest, charge and disposition in this cause, and the Court, having considered same, finds that said motion is well-taken and should be granted, based upon the following:

I. Information regarding charge(s) is/are as follows:

- a. Date of Arrest: January 25, 2004
- b. Arresting Agency: Hinds County, Mississippi Sheriff's Department
- c. Charge(s) Arrested For:
 - a. Auto burglary
 - b. possession of burglary tools
 - c. receiving stolen goods
- d. Charge(s) indicted for:
Auto burglary

[REDACTED] STCB44102

REDACTED

- e. Indictment Date: June 10, 2004
- f. Capias Served Date: July 12, 2004 (by Hinds County, Mississippi Sheriff's Dept.)
- g. Date of Disposition: November 19, 2004
- h. Disposition: Adjudication of Guilt withheld; placed under supervision of the Mississippi Department of Corrections for a term of two (2) years.
- i. Date discharged from probation: May 18, 2007
- j. Other pertinent information:

The Defendant was initially arrested for three (3) charges, auto burglary, possession of burglary tools and receiving stolen property. He was only prosecuted for the auto burglary charge.

- 2. Section 99-15-26 (4), Mississippi Code, 1972, as amended, provides that upon successful completion of court-imposed conditions related to a non-adjudicated disposition, the Court shall direct that the cause be dismissed and the case closed.
- 3. Section 99-15-26(5) provides that the court shall expunge the record of any cases dismissed/charges dropped or there was no disposition of such case.
- 4. The Court finds that the Petitioner, JAMARIO A. [REDACTED] has complied with all of the Court imposed conditions related to his non-adjudicated disposition herein, and that this case should be dismissed and closed, and all recordation related thereto expunged as provided by law.

IS THEREFORE, ORDERED AND DIRECTED THAT this cause be dismissed and closed and that the Circuit Clerk of Hinds County, Mississippi, the County Court of Hinds County, Mississippi, the Hinds County Sheriff's Department, the Hinds County Detention Center, the Criminal Justice Information Center of the State of Mississippi, the Criminal Identification Division of the Federal Bureau of Investigation and any other agency or department in possession of any official records and/or

[REDACTED]

STC044103

REDACTED

identification data forthwith expunge any and all records and/or recordation including, but not limited to, docket entries, indictment, motions, orders, affidavits, arrest warrants, mug shots, and/or fingerprints relating to the arrest and/or dismissal of the above-named defendant in the above-styled and numbered cause.

Further, the effect of this order shall be to restore the above-named Defendant/Petitioner, JAMARIO ANTRONNIE B [REDACTED] in the contemplation of the law, to the status he occupied before such arrest and charge, and the said Defendant/Petitioner, JAMARIO ANTRONNIE B [REDACTED] shall not be guilty of perjury or otherwise giving a false statement by reason of his failure to recite or acknowledge such arrest and/or charge in response to any inquiry made of him for any purpose.

SO ORDERED AND ADJUDGED, this the 17th day of April, 2009.

W. Earl Mayfield
CIRCUIT JUDGE

Requested by:

Thomas R. Mayfield
Thomas R. Mayfield

Agreed:

Thomas L. Kaylor
Assistant District Attorney
For the State

ATTEST A TRUE COPY

APR 17 2009

Office of the Clerk

[REDACTED]
S1CB44104

REDACTED

Documents	
1	<u>WIDESCREEN</u>
2	<u>FILE</u>
3	<u>Court Docs</u>
4	
5	
6	

O.

CHARGES BECAUSE HE NEVER

WE ARE TAKING TO LONG



STC644108

REDACTED

EXHIBIT 10



Conviction Form

Please Print Information

Applicant's Name: Darrel L R [REDACTED]

Social Security Number: [REDACTED]

Daytime Phone #: [REDACTED] After Hours Phone #: [REDACTED]

Date of Birth: [REDACTED]

Date of Arrest:	Date of Arrest:	
Charge 1:		
Location:	County	State
Date of Conviction:	Date of Conviction:	
Charge:		
Sentence:		
Time Served:		
Dates on Probation or Parole:		

Charge 2:		
Location:	County	State
Date of Conviction:		
Charge:		
Sentence:		
Time Served:		
Dates on Probation or Parole:		

* Any other arrests or convictions?: Yes No

Any charges pending now? Yes No

List full name (First/Middle/Last): _____

Any other names used (maiden, married, etc.): _____

Please describe what happened:

Comments on Charge 1:

Comments on Charge 2:

Signature of Applicant: _____ Date: ____ / ____ / ____

Recruiter Name: _____ Terminal: _____

[REDACTED] STC044127

REDACTED

View Reports - Subject List

Page 1 of 4

Customer: Swift Transportation Web
User: Patricia Ramos

VIEW REPORTS - SUBJECT LIST

We are pleased to announce that USIS Commercial Services, Inc. has changed its name to HireRight Solutions, Inc. While for a period of time you may find reference made in our materials to USIS Commercial Services, we are in the process of updating our web sites, software applications and documents to reflect this name change and expect to complete all updates in the near future. In the meantime, should you have any questions please contact us at: 800-322-9851 and select Option 3 for Customer Services.

Please Note: The information contained in this report is based on search criteria matching certain personal identifiers that indicate that this information matched the consumer who is the subject of the report. However, this information is not guaranteed for accuracy or truthfulness as it relates to the subject of this report. The information contained in this report was accurately copied from HireRight's supplier(s) of such information, including the public records of various courts and law enforcement agencies; credit bureaus; laboratories; etc., as applicable. However, information generated as a result of identity theft, including evidence of criminal activity, may be inaccurately associated with the consumer who is the subject of this report. Employment decisions should not be based solely upon information contained in this report. Positive ID requires a fingerprint search. The user of this report is responsible for following applicable local, state and federal laws with respect to the procurement and use of this information.

<https://members.dacservices.com/com.aspx/ViewReports/SubjectList.aspx?request=12160...> 1/13/2010

[REDACTED]

STC644128

REDACTED

View Reports - Subject List

Page 2 of 4

Criminal Records, County

Customer: Swift Transportation Web (109608)
 Actor: Mary Johnson (5365Macyl)
 Customer Reference: DONALD ANDERSON JR
 Customer Sub: 112

Subject Name: Darrel L R [REDACTED]
 Subject DOB: [REDACTED]
 Subject SSN: [REDACTED]
 Subject Race:
 Subject Gender:
 Search Type: B
 Search State: OK
 Search County: TULSA
 Result Comments:

ReportNumber: 1464891
 RequestID: 42579242
 Request Date: 1/11/2010 5:34:18 PM
 Report Date: 1/13/2010 9:08:58 AM
 Reference: DONALD ANDERSON JR

CRIMINAL SEARCH RESULTS

Case Number: [REDACTED]
 File Date: 10/4/2001
 Arrest Date:
 Offense Date:
 Agency Loc:
 Agency Type:
 Case Comments:

Identifying Info		Matching Criteria
Name:	Darrel Lee R [REDACTED]	<input checked="" type="checkbox"/> Last Name
BirthPlace:	[REDACTED]	<input type="checkbox"/> First Name
SSN on Record:	[REDACTED]	<input checked="" type="checkbox"/> Middle Name
Height:	6'4"	<input checked="" type="checkbox"/> DOB
Weight:	235	<input type="checkbox"/> SSN
Eye Color:	[REDACTED]	<input type="checkbox"/> Address
Hair Color:	Male	
Markings:	White	
	Address: [REDACTED]	

Other:

Matched on: Middle Name, Last Name, and DOB
 Data inconsistent with the requested criteria: First Name

Count: 1
 Original Statute:
 Original Charge:
 Original Type:
 Original Class:
 Plea:
 Degree:
 OrigDisposition:

Final Statute:
 Final Charge: Domestic Assault and Battery In Presence
 of a Minor Child
 Final Type: Misdemeanor
 Final Class:
 Plea Date:
 Final Degree:
 Disposition: Dismissed

<https://members.ducservices.com/com-aspx/ViewReports/SubjectList.aspx?request=12160...> 1/13/2010

[REDACTED] STC044129

REDACTED

View Reports - Subject List

Page 3 of 4

OrigDispDate: DispDate: 4/16/2004
 Comments:
 Appeal Comments:

Count: 2
 Original Statute:
 Original Charge:
 Original Type:
 Original Class:
 Plea:
 Degree:
 OrigDisposition:
 OrigDispDate:
 Comments:
 Appeal Comments:

Final Statute:
 Final Charge: Malicious Injury to Property
 Final Type: Misdemeanor
 Final Class:
 Plea Date:
 Final Degree:
 Disposition: THIS CASE IS STILL ACTIVE
 DispDate: 4/16/2004

Case Number: [REDACTED]
 File Date: 1/9/2004
 Arrest Date:
 Offense Date:
 Agency Loc:
 Agency Type:
 Case Comments:

Identifying Info

Name: Darrell Lee R [REDACTED]	DOB: [REDACTED]	Matching Criteria
BirthPlace:	SID: [REDACTED]	<input checked="" type="checkbox"/> Last Name
SSN on Record:	FID: [REDACTED]	<input type="checkbox"/> First Name
Height: 6'4"	DL#:	<input checked="" type="checkbox"/> Middle Name
Weight: 236	DL State:	<input checked="" type="checkbox"/> DOB
Eye Color:	Gender: Male	<input type="checkbox"/> SSN
Hair Color:	Race: White	<input type="checkbox"/> Address
Markings:	Address: [REDACTED]	

Other:

Matched on: Middle Name, Last Name, and DOB
 Data inconsistent with the requested criteria: First Name

Count: 1
 Original Statute:
 Original Charge:
 Original Type:
 Original Class:
 Plea:
 Degree:
 OrigDisposition:
 OrigDispDate:
 Comments:
 Appeal Comments:

Final Statute:
 Final Charge: Assault and Battery Domestic
 Final Type: Misdemeanor
 Final Class:
 Plea Date:
 Final Degree:
 Disposition: Dismissed
 DispDate: 8/21/2004

Record check for requested search area only. National record status unknown. Positive ID requires fingerprint search. Employment:

<https://members.dacservicess.com/com-asp/ViewReports/SubjectList.aspx?request=12160...> 1/13/2010

[REDACTED] STC644130

REDACTED

[View Reports - Subject List](#)

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Evaluation should not be based on search results. Provider cannot act as the guarantor of the information accuracy or completeness.
Appropriate use of the information contained in this report may be governed by both federal and state laws and it is the responsibility of
the user to comply with all applicable laws.

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<https://members.dacservices.com/com.aspx/ViewReports/SubjectList.aspx?request=12160...> 1/13/2010

[REDACTED]

STC844131

REDACTED

SWIFT TRANSPORTATION CO., INC.

2200 E. 78th AVE, PHOENIX, AZ 85043

EMPLOYMENT APPLICATION

QUALIFIED APPLICANTS ARE CONSIDERED WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL STATUS, VETERAN STATUS OR DISABILITY
EQUAL EMPLOYMENT OPPORTUNITY EMPLOYERDate of Application: 08/08/2012

Social Security No. [REDACTED]

Name [REDACTED] Darren L [REDACTED]

Phone [REDACTED]

Present Address [REDACTED]

Previous Address(es) during last 3 years (FMCSR 391.21(i)(3))
[REDACTED]
[REDACTED]

Date of Birth (required by FMCSR 391.21 (2) to verify motor vehicle report) [REDACTED]

In case of emergency notify _____

Alternate Emergency Phone # _____

Name _____

 Yes No When? _____

Have you applied for work and/or worked for this company before?

 Yes NoIf hired, can you present evidence of your U.S. Citizenship or proof of your legal right to live and work in this country? Yes No

Position which applying for _____

Are you able to perform the essential functions and duties of the job as contained in the job description with reasonable accommodation? Yes No

How did you find out about Swift? Internet

PLEASE READ CAREFULLY

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
- B. Has any license, permit or privilege been suspended or revoked? Yes No
- C. Have you ever been stopped while intoxicated? Yes No
- D. Have you ever used any illegal drugs (including marijuana)? Yes No If yes, when was the last time? _____
- E. Have you ever been convicted for possession, sale, or use of a narcotic drug, amphetamine, or a derivative thereof? Yes No
- F. Have you ever been convicted of a criminal offense? In California, "crime" shall exclude convictions for marijuana-related offenses that are more than two years old, as defined in California Health and Safety Code sections 11357 (b) and (c) and 11360 (c), or in California Health and Safety Code sections 11364, 11365, or 11369 of the Health and Safety Code as they relate to marijuana prior to January 1, 1976, or their statutory predecessors. Yes No
- G. Do you currently have any criminal actions pending in which you are a defendant? (A "yes" answer will not necessarily disqualify you from employment.) Yes No
- H. Are you currently on probation or parole status? (A "yes" answer will not necessarily disqualify you from employment.) Yes No
- I. (40-25) Have you tested positive, or refused a test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules in the last three years? Yes No

If yes to any of the above questions, state circumstances and dates:

Which trucking school did you graduate from?

Truck driving school graduation date? _____

MILITARY STATUS

Have you served in the U.S. Armed Forces? Yes No Branch _____

Dates: From: _____ To: _____

Duties _____

REDACTED

EMPLOYMENT RECORD FOR PAST 10 YEARS

All applicants must list all full and part-time employment including military service, self employment, and periods of unemployment during preceding 10 years.
NOTE: List employers in reverse order starting with the most recent. Use an additional sheet if necessary.

From Mo Day Yr 10/08 To Mo Day Yr 04/08
 Phone # 719-243-2231
 Supervisor _____
 Type of Equip. Driven _____

CURRENT OR MOST RECENT EMPLOYER May We Call? Yes No

Name L&H Drywall
 Address P.O. BOX 168 Monument, CO 80132
Street City State Zip

Position Held Working Superintendent

Reason For Leaving No work

A. 391.21(10)(iv)(b) Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR) while employed by this previous employer? Yes No
 B. Was your job with this employer designated as safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing as specified in FMCSR 391.21(b)? Yes No

From Mo Day Yr 02/08 To Mo Day Yr 08/08
 Phone # 719-399-8183
 Supervisor _____
 Type of Equip. Driven _____

SECOND PRIOR EMPLOYER May We Call? Yes No

Name Robinson Construction
 Address 7470 Chirton Rd. Colorado Springs, CO 80908
Street City State Zip

Position Held Working Superintendent

Reason For Leaving Not enough work

A. 391.21(10)(iv)(b) Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR) while employed by this previous employer? Yes No
 B. Was your job with this employer designated as safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing as specified in FMCSR 391.21(b)? Yes No

From Mo Day Yr 01/08 To Mo Day Yr 03/08
 Phone # 719-243-2231
 Supervisor _____
 Type of Equip. Driven _____

THIRD PRIOR EMPLOYER May We Call? Yes No

Name Colorado Commercial Builders
 Address 6410 Powers Center Point Colorado Springs, CO 80920
Street City State Zip

Position Held Working Superintendent

Reason For Leaving Laid off

A. 391.21(10)(iv)(b) Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR) while employed by this previous employer? Yes No
 B. Was your job with this employer designated as safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing as specified in FMCSR 391.21(b)? Yes No

From Mo Day Yr 08/06 To Mo Day Yr 02/08
 Phone # 719-650-9287
 Supervisor _____
 Type of Equip. Driven _____

FOURTH PRIOR EMPLOYER May We Call? Yes No

Name Laewan Construction
 Address Valley St Colorado Springs, CO 80916
Street City State Zip

Position Held Carpenter

Reason For Leaving Changed job for promotion

A. 391.21(10)(iv)(b) Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR) while employed by this previous employer? Yes No
 B. Was your job with this employer designated as safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing as specified in FMCSR 391.21(b)? Yes No

From Mo Day Yr 08/2000 To Mo Day Yr 11/09
 Phone # _____
 Supervisor _____

FIFTH PRIOR EMPLOYER May We Call? Yes No

Name UNEMPLOYED
 Address CO
Street City State Zip

Type of Equip. Driven _____

From Mo Day Yr 12/00 To Mo Day Yr 01/10Phone # 719-382-3000

Supervisor _____

Type of Equip. Driven _____

Position Held _____

Reason For Leaving

- A. 391.21 (10) (b) Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR's) while employed by this previous employer? Yes No
- B. Was your job with this employer designated as safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing as specified in FMCSR 391.21(b)? Yes No

[SIXTH EMPLOYER] May We Call? Yes No Name USTDSAddress 18826 WIGWAN RD PUEBLO CO 81000
State CO Zip 81000Position Held STUDENT**Reason For Leaving GRAD**

- A. 391.21 (10) (b) Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR's) while employed by this previous employer? Yes No
- B. Was your job with this employer designated as safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing as specified in FMCSR 391.21(b)? Yes No

USE SEPARATE SHEET FOR ADDITIONAL EMPLOYMENT HISTORY**REDACTED**

DRIVING EXPERIENCE						
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT: VAN-TANK-FLAT-ETC.	FROM	TO	DATES		
STRAIGHT TRUCK						
TRACTOR AND SEMI-TRAILER						
TRACTOR AND TWO TRAILERS						
OTHER						
LICENSE LIST ALL DRIVERS LICENSES HELD IN PAST FIVE YEARS (NOTE: A COPY OF YOUR VALID UNIVERSAL LICENSE OR CDL MUST BE ATTACHED FOR YOUR APPLICATION TO BE CONSIDERED)						
STATE	LICENSE NUMBER	TYPE	ENDORSEMENTS	EXPIRATION DATE		
CO	[REDACTED]			8/24/2011		
FL		Operator				
MOVING TRAFFIC CONVICTIONS LIST FOR PAST FIVE (5) YEARS. IF NONE WRITE NONE.						
DATE	LOCATION (STATE)	CHARGE	PENALTY			
10/15/2008	Florida	Speeding	Traffic Fine			
ACCIDENT RECORD IF NONE WRITE NONE.						
LIST ALL INVOLVEMENT WITH TRUCK AND CAR INCLUDING PROPERTY DAMAGE FOR PAST FIVE YEARS, INCLUDING PREVENTABLE AND NON-PREVENTABLE						
DATE	TYPE VEHICLE	NATURE OF ACCIDENT HEAD ON, REAR END, UPSET, ETC.	INDICATE PREVENTABLE OR NON-PREVENTABLE	FATALITIES	INJURIES	AUGMENT OF PROPERTY DAMAGE
STATES IN WHICH YOU HAVE OPERATED A CLASS-A MOTOR VEHICLE IN THE PAST FIVE YEARS						

LIST ALL STATES:

REFERENCES		(Please list 2 people able to verify your employment and personal history. Such as co-worker, neighbor, customer or an upstanding citizen of your community.)		
1. Name	KEN T [REDACTED]	Phone #	[REDACTED]	
Relationship	FRIEND			
2. Name	MIKE S [REDACTED]	Phone #	[REDACTED]	
Relationship	FRIEND			

ACKNOWLEDGEMENT

Flame-Shift Transportation, Inc. (the Company) has the right to investigate all references and to require additional information about me, if job desired. I release from liability the Company and its representatives for asking such information and all other persons, corporations or organizations for furnishing such information. A copy of this page serves as my authorization to provide my information to agents, brokers, documents and company forms which the Company retains, necessary to verify the facts provided in this application. I give my consent and release from liability the Company and its representatives to be referred to any inquiries made about me as part of a reference check by any individual or potential employer.

From time to time the Company may find it necessary to conduct investigations. If it does, employees are expected to voluntary participate and cooperate in such investigations, including submission to searches of property. Failure to do so may subject employees to disciplinary action, which may include termination of employment.

I understand as a condition of employment I will be required to undergo a post-offer employment medical examination and substance abuse screening test at the expense of and as prescribed by the Company, and that any offer of employment is contingent upon the successful completion of these tests. I agree to furnish such additional information and undergo any other examinations or tests as post-employment test, or to continue my employment with the Company, if employed. These tests may include, but are not necessarily limited to, random, for cause, reasonable suspicion or post-employment alcohol and substance abuse screening tests. Further, I release the Company, its agents or employees from any and all claims or actions arising out of such alcohol and substance abuse tests, including, but not limited to, the testing procedures, the analysis or the disclosure of test results.

I understand that any offer of employment is conditioned upon my ability to produce documentation verifying my identity and legal authorization to be employed, as required by the Immigration Reform & Control Act of 1986 (IRCA).

This application is valid for one (1) year from the date it is completed, or until the specific position opening for which it was submitted is closed, whichever is earlier. Subsequent to the closing of this application, I may submit a new application to be considered for gas, or any other position.

I understand and agree that my application is incomplete, misleading, incomplete or untrue information contained by me in this application will be sufficient cause for cancellation of this application and/or termination from the Company. I further understand that just as I am free to resign at any time, for any reason, with or without prior notice, the Company reserves the right to terminate my employment at any time, for any reason, with or without prior notice. I understand that no representative of the Company has the authority to make any verbal or written statement to the contrary. I further understand that my relationship to the Company is at-will and for a specific period of time. This application represents the controlled and final expression of the intent of the parties, and any oral representations or writings are superseded by the undersigned and the President of the Company.

I hereby agree to submit to binding arbitration all disputes and claims arising out of or relating to this application. I further agree, in the event that I am offered employment by the Company, to arbitrate any and all disputes that cannot be resolved by informal informal resolution which might arise out of my employment with the Company, prior to going to or after that employment will be accorded to the final decision of the arbitrator.

REDACTED

submitted to binding arbitration in lieu of any federal or state investigative, administrative or legal proceeding. I agree that such arbitration shall be conducted under the rules of the American Arbitration Association. This application contains the entire agreement between the parties with regard to dispute resolution, and there are no other agreements as to dispute resolution, either oral or written.

I have read carefully the above information, understand and accept the contents thereof. This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature _____

Date _____

R-101

Form 1

Revised 8/01/01

STC844136

REDACTED



14 10 10:29a

Whitney Electric

7182600517

p.1

Attn: Patricia

From: Darrel R [REDACTED]
[REDACTED]

too

4 pgs including cover-

Thank you
for your
help -

Please call if you have any
questions [REDACTED]

STC044137

REDACTED

Jan 14 10 10:29a Whitney Electric 7192800517 P.2
 OCIS Case Summary for CM-2001-0001- STATE OF OKLAHOMA V. KUDIRKOV, DARR... Page 1 of 1



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IN THE DISTRICT COURT IN AND FOR TULSA COUNTY, OKLAHOMA

<p>State of Oklahoma v. [REDACTED] DARRELL LEE</p>	<p>No. [REDACTED] (Criminal Misdemeanor)</p> <p>Filed: 10/04/2001 Closed: 04/16/2004</p> <p>Judge: Traffic Court Judge (General)</p>
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Parties

[REDACTED] DARRELL LEE, Defendant
 STATE OF OKLAHOMA, Plaintiff
 TULSA POLICE DEPARTMENT, ARRESTING AGENCY

Attorneys

Attorney [REDACTED] Ben D. (Bar # [REDACTED])

Represented Parties
 [REDACTED] DARRELL LEE

Events

Event	Party	Docket	Reporter
Tuesday, February 10, 2004 at 9:30 AM	R [REDACTED]	DARRELL LEE Arraignment Docket	
ARRAIGNMENT(ARR)			
Friday, March 12, 2004 at 9:00 AM	R [REDACTED]	DARRELL LEE Traffic Court Judge (General)	
JURY TRIAL SOUNDING DOCKET(JTS)			
Friday, April 16, 2004 at 9:01 AM	R [REDACTED]	DARRELL LEE Traffic Court Judge (General)	
JURY TRIAL SOUNDING DOCKET(JTS)			

Counts

Parties appear only under the counts with which they were charged. For complete sentence information, see the court minute on the docket.

Count # 1.

Count as Filed: ADOGM, DOMESTIC ASSAULT AND BATTERY IN PRESENCE OF A MINOR CHILD , in violation of 21 O.S. §44.C
 Date Of Offense: 09/24/2001

Party Name:

R [REDACTED]
 DARRELL LEE

Disposition Information:

Disposed: DISMISSED, 04/16/2004. Dismissed- Request of the State,
 Count as Disposed:DOMESTIC ASSAULT AND BATTERY IN PRESENCE OF A
 MINOR CHILD (ADOM)
 Violation of 21 O.S. §44.C

Count # 2.

Count as Filed: MALINJ, MALICIOUS INJURY TO PROPERTY , in violation of
 21 O.S. 1751-1780
 Date Of Offense: 09/24/2001

<http://www.oscn.net/applications/ocisweb/GetCaseInformation.asp?submitted=true&view=1> 1/14/2010

[REDACTED]

STC644138

REDACTED

Jan 14 10 10:28a Whitney Electric 7192600517 p.3
 OCIS Case Summary for CM-2001-5000- State of Oklahoma v. R [REDACTED] DARRELL... Page 2 of 3

<u>Party Name:</u>	<u>Disposition Information:</u>
R [REDACTED] DARRELL LEE	Disposed: DISMISSED, 04/10/2004. Dismissed. Request of the State. Count by Disposed MALICIOUS INJURY TO PROPERTY (MALINJ) Violation of [REDACTED]

Docket

Date	Code	Count	Party	Serial #	Entry Date	
10-04-2001	TEXT	1	R [REDACTED] DARRELL LEE	[REDACTED]	Oct 4 2001 4:46:54:380PM	\$ 0.00
CRIMINAL MISDEMEANOR INITIAL FILING.						
10-04-2001	INFORMATION	1	R [REDACTED] DARRELL LEE	[REDACTED]	Oct 5 2001 8:00:42:493AM	\$ 0.00
DEFENDANT DARRELL LEE R [REDACTED] WAS CHARGED WITH COUNT #1, DOMESTIC ASSAULT AND BATTERY IN PRESENCE OF A MINOR CHILD IN VIOLATION OF 21 O.S. 644 C						
10-04-2001	WAIS		R [REDACTED] DARRELL LEE	[REDACTED]	Oct 5 2001 9:18:14:083AM	Unrealized \$ 30.00
WARRANT OF ARREST ISSUED \$9 000 CT1: \$6/100 CT2 // JUDGE OTEY(\$ 30.00)						
10-04-2001	INFORMATION	2	R [REDACTED] DARRELL LEE	[REDACTED]	Oct 14 2001 8:38:00:563AM	\$ 0.00
DEFENDANT DARRELL LEE R [REDACTED] WAS CHARGED WITH COUNT #2, MALICIOUS INJURY TO PROPERTY IN VIOLATION OF 21 O.S. 1751-1790						
10-04-2001	TEXT			[REDACTED]	Oct 4 2001 4:46:55:627PM	\$ 0.00
OCIS HAS AUTOMATICALLY ASSIGNED JUDGE TRAFFIC COURT JUDGE (GENERAL) TO THIS CASE.						
11-08-2001	AFO		R [REDACTED] DARRELL LEE	[REDACTED]	Nov 8 2001 8:24:54:070AM	\$ 0.00
AFFIDAVIT						
01-22-2004	BO	1	R [REDACTED] DARRELL LEE	[REDACTED]	Jan 22 2004 10:05:08:317AM	Realized \$ 10.00
PROFESSIONAL BOND FOR R [REDACTED] DARRELL LEE POSTED BY B [REDACTED] MICHAEL (PROFESSIONAL M [REDACTED] PEGGY) (POWER NUMBER: [REDACTED]), COUNT NUMBER 1, IN THE AMOUNT OF \$8,000.00, POSTED 01/22/2004(\$ 10.00)						
01-22-2004	BO	2	R [REDACTED] DARRELL LEE	[REDACTED]	Jan 22 2004 10:05:04:800AM	Realized \$ 10.00
PROFESSIONAL BOND FOR R [REDACTED] DARRELL LEE POSTED BY B [REDACTED] MICHAEL (PROFESSIONAL M [REDACTED] PEGGY) (POWER NUMBER:10-18118), COUNT NUMBER 2, IN THE AMOUNT OF \$6,000.00, POSTED 01/22/2004(\$ 10.00)						
01-28-2004	RETRL		R [REDACTED] DARRELL LEE	[REDACTED]	Jan 28 2004 9:07:34:207AM	\$ 0.00
RETURN RELEASE						
01-28-2004	RETWR		R [REDACTED] DARRELL LEE	[REDACTED]	Jan 28 2004 9:07:34:207AM	\$ 0.00
RETURN WARRANT OF ARREST						
02-10-2004	CTARRTS		R [REDACTED] DARRELL LEE	[REDACTED]	Feb 11 2004 11:42:28/430AM	\$ 0.00

<http://www.oscn.net/applications/ocisweb/GetCaseInformation.asp?submitted=true&viewt..> 1/14/2010

[REDACTED] STG644109

REDACTED

Jan 14 10 10:29a Whitney Electric 7192600517 P-4
 UCIS Case Summary for CM-2001-5000- STATE OF OKLAHOMA V. R [REDACTED] Page 4

B [REDACTED] MARK: DEFENDANT PRESENT, NOT IN CUSTODY AND REPRESENTED BY BEN C [REDACTED] ARRAIGNMENT HELD. DEFENDANT WAIVES READING OF THE INFORMATION AND FURTHER TIME TO PLEAD. DEFENDANT ENTERS A PLEA OF NOT GUILTY. JURY TRIAL SOUNDING DOCKET SET FOR 3/12/04 AT 9:00 AM IN ROOM 124. BOND SET IN THE AMOUNT OF \$8,000 (DOM A&B PRES MINOR), \$5,000 (MAL INJ PROP); DEFENDANT RECOGNIZED BACK.

03-12-2004 CTPASS	R [REDACTED]	Mar 12 2004 11:21:02:710AM	\$ 0.00
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B [REDACTED] MARK: DEFENDANT PRESENT, NOT IN CUSTODY AND REPRESENTED BY BEN C [REDACTED] STATE REPRESENTED BY GRANT F [REDACTED] JURY TRIAL SOUNDING PASSED TO 4/18/04 AT 9:00AM, ROOM 124. BOND TO REMAIN; DEFENDANT RECOGNIZED BACK.

03-25-2004 RTSUB\$	R [REDACTED]	Mar 25 2004 9:26:30,840AM	Released	\$ 30.00
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RETURN SUBPOENA NOT SERVED CHARLYNE C [REDACTED] NO SUCH PERSON AT ADDRESS (\$ 30.00)

04-16-2004 DISMISSED	1	R [REDACTED]	Apr 16 2004 9:20:15:870AM	\$ 0.00
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DARLENE C [REDACTED] DEFENDANT PRESENT REPRESENTED BY BEN C [REDACTED] STATE REPRESENTED BY GRANT FITZ. CASE CALLED. CASE DISMISSED COST TO STATE UNABLE TO LOCATE VICTIM. BOND EXONERATED

04-16-2004 BOXON	1	R [REDACTED]	Oct 10 2007 1:27:31:637PM	\$ 0.00
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THE STATUS OF THE BOND ENTRY DETAILED IN DOCKET SERIAL [REDACTED] ABOVE HAS CHANGED TO READ AS FOLLOWS:
 PROFESSIONAL BOND FOR R [REDACTED] DARRELL LEE POSTED BY B [REDACTED] MICHAEL (PROFESSIONAL:M [REDACTED] PEGGY) (POWER NUMBER: [REDACTED]), COUNT NUMBER 1, IN THE AMOUNT OF \$8,000.00, POSTED 01/22/2004, EXONERATED 04/16/2004.

04-16-2004 BOXON	2	R [REDACTED]	Oct 10 2007 1:27:31:637PM	\$ 0.00
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THE STATUS OF THE BOND ENTRY DETAILED IN DOCKET SERIAL [REDACTED] ABOVE HAS CHANGED TO READ AS FOLLOWS:
 PROFESSIONAL BOND FOR R [REDACTED] DARRELL LEE POSTED BY B [REDACTED] MICHAEL (PROFESSIONAL:M [REDACTED] PEGGY) (POWER NUMBER:10-18118), COUNT NUMBER 2, IN THE AMOUNT OF \$5,000.00, POSTED 01/22/2004, EXONERATED 04/16/2004

01-14-2010 CTFREE		R [REDACTED]	Jan 14 2010 9:39:57:243AM	\$ 0.00
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AMENDED TO REFLECT COUNT ONE AND TWO DISMISSED COST TO STATE
 DARLENE C [REDACTED] DEFENDANT PRESENT REPRESENTED BY BEN C [REDACTED] STATE REPRESENTED BY GRANT F [REDACTED] CASE CALLED. CASE DISMISSED COST TO STATE UNABLE TO LOCATE VICTIM. BOND EXONERATED

Report Generated by The Oklahoma Court Information System at January 14, 2010 10:12 AM

End of Transmission

<http://www.oscn.net/applications/ocisweb/GetCaseInformation.asp?submitted=true&viewt...> 1/14/2010

[REDACTED]

REDACTED

SSN [REDACTED] ChangeSS [REDACTED]	Entered By [REDACTED] Date: 09/20/2012 AM	Status <input type="radio"/> Open <input type="radio"/> Pending <input checked="" type="radio"/> Approved <input type="radio"/> Declined <input type="radio"/> Closed	Interview ID Stamp [REDACTED]
Name Durrell R [REDACTED]	Birthday 7/4/1967		Interview By [REDACTED]
General Questions		Close and Reopen	
Yes No N/A <input checked="" type="radio"/> 1. All identifiers verified? <input type="radio"/> 2. Any other arrest or convictions? <input type="radio"/> 3. Any charges pending now? <input type="radio"/> 4. Any other names used? <input type="radio"/> 5. Any weapons involved? <input type="radio"/> 6. Domestic issue? <input type="radio"/> 7. Misdemeanor? <input type="radio"/> 8. Felony? <input type="radio"/> 9. Ever been terminated? <input type="radio"/> 10. Ever used drugs? What: [REDACTED] When: [REDACTED]		Level 1 Review <input checked="" type="checkbox"/> Requested <input checked="" type="checkbox"/> Completed	
<input type="radio"/> 11. Ever tested positive or refused a drug or alcohol test? What: [REDACTED] When: [REDACTED]		Level 2 Review <input type="checkbox"/> Requested <input type="checkbox"/> Completed	
		Dispute Review <input type="checkbox"/> Requested <input type="checkbox"/> Completed	
General Summary		no convictions	
Notes		middle name L.C. restraining order violations - 20 years ago - I was schedule to appear in court - she had filed the charges against me - 4/16/2004 - Malicious Injury to property - thrown out ****WILL PROVIDE ADDITIONAL INFO**** 1/14/2010 9:23am -- applicant's wife called in and stated that she would fax in the info needed - had talked to the c system	

[REDACTED] STC844141

REDACTED

Documents	
1	20/20 hold
2	tax
3	
4	
5	
6	

fines paid for not appearing

courts and they had not updated their

[REDACTED] STC644142

REDACTED